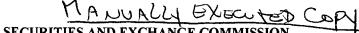
FORM D

02067130



U.S. SECURITIES AND EXCHANGE Washington, D.C. 20549

FORM D

OMB APPROVAL OMB NUMBER: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response . . 16.00

SEC USE ONLY

Prefix

DATE RECEIVED

| Serial

| NOTICE OF SALE OF SECURITIES | |
|------------------------------------|---|
| PURSUANT TO REGULATION D, | |
| SECTION 4(6), AND/OR | |
| UNIFORM LIMITED OFFERING EXEMPTION | N |

| | - | | | | | |
|---|--|--|--|--|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | | | | | |
| 17/15/1 | | | | | | |
| Rockbay Capital Fund, LLC | | 0.U \s | | | | |
| Filing Under (Check box(es) that apply): | Rule 506 Section 4(6) | UEOE RECEIVED CO | | | | |
| Type of Filing: New Filing Amendment | | A Jecument of the second | | | | |
| A. BASIC IDEN | TIFICATION DATA | | | | | |
| Enter the information requested about the issuer | | DEC 1 & 2002 | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate | e change.) | \ <u>\</u> | | | | |
| | | | | | | |
| Rockbay Capital Fund, LLC | | ₹3 <u>, 20</u> 7 /8/ | | | | |
| Address of Executive Offices | (Number and Street, City, State, Zip Code) | Telephone Number | | | | |
| (n 1 n n 1 n n n n n n n n n n n n n n | | (Including Area Code) | | | | |
| c/o Rockbay Capital Advisors, Inc., 1211 Avenue of the Americas, New York, NY 100 | | (212) 596-3550 | | | | |
| Address of Principal Business Operations | (Number and Street, City, State, Zip Code) | Telephone Number | | | | |
| (if different from Executive Offices) | | (Including Area Code) | | | | |
| | | | | | | |
| D. CD. | | <u> () </u> | | | | |
| Brief Description of Business | | | | | | |
| | | | | | | |
| Securities Investment | | | | | | |
| Type of Business Organization | | PROCESSED | | | | |
| corporation [] limited partnership, already formed | other (please specify): | Phooreon | | | | |
| business trust limited partnership, to be formed | Limited Liability Company | 1 : 2002 | | | | |
| Month Year | | / DEC 5 4 5005 | | | | |
| Actual or Estimated Date of Incorporation or Organization: [0 8] [0 2] | 🛛 Actual 🔲 I | Estimated. | | | | |
| [4] | | Estimated OMSON | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E] FINANCIAL | | | | | | |
| CN for Canada; FN for other f | | | | | | |
| | | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| 5 | | A. BASIC IDENT | TIFICATION DATA | | | | | |
|--|--|-------------------------------|----------------------------------|-------------------------------|---------------------------------|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | |
| Each prome | Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | |
| | | | ct the vote or disposition of, 1 | 0% or more of a class of ea | uity sagneitias of the issuer | | | |
| | | - | • | • | • | | | |
| • Each execu | tive officer and director of | corporate issuers and of corp | porate general and managing p | partners of partnership issue | rs; and | | | |
| Each gener | al and managing partner of | partnership issuers. | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | Managing Member | | | |
| | <u> </u> | | | | | | | |
| Full Name (Last name first, if | individual) | | | | | | | |
| Rockbay Capital, LLC Business or Residence Address | Number and Street Cit | y State 7 in Code) | | | | | | |
| | | | | | | | | |
| 1211 Avenue of the Americas, Check Box(es) that Apply: | Promoter | Beneficial Owner | Principal | Director | General and/or | | | |
| | | | | | Managing Partner | | | |
| Full Name (Last name first, if | individual) | | | | | | | |
| Khanna, Atul | OL ALCONOMIC CONTROL C | Grand Zin Code) | | | | | | |
| Business or Residence Address | | • | | | | | | |
| c/o Rockbay Capital Advisors, | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Principal | Director | General and/or Managing Partner | | | |
| Full Name (Last name first, if | individual) | | | | | | | |
| Baron, Jonathan | | | | | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | | | | | |
| c/o Rockbay Capital Advisors | Inc., 1211 Avenue of the A | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Principal | Director | General and/or Managing Partner | | | |
| Full Name (Last name first, if | ndividual) | | | | | | | |
| Javer, Dennis | | | | | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | | | | | |
| c/o Rockbay Capital Advisors | Inc., 1211 Avenue of the A | Americas, 27th Floor, New Yo | ork, NY 10036 | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Principal | Director | General and/or Managing Partner | | | |
| Full Name (Last name first, if | individual) | | | | Managing 1 autor | | | |
| | | | | | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | | | | | |
| | | | | | | | | |
| Check Box(es) that Apply: | Promoter [| Beneficial Owner | Principal | | eral and/or | | | |
| Managing Partner Full Name (Last name first, if individual) | | | | | | | | |
| • | • | | | | | | | |
| Business or Residence Address | (Number and Street, Cit | y, State, Zip Code) | | | | | | |
| | | | | | | | | |

| | | | | | B. II | NFORM | ATION | ABOUT | OFFER | RING | | | | |
|---|--|------------------------------|---------------------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------|
| 1. | Has the i | ssuer sold, | or does the | e issuer inte | nd to sell, t | o non-accre | dited inves | tors in this | offering? | ••••• | | | | Yes No |
| | | | | | | | | lumn 2, if f | | | | | | |
| 2. | What is | the minimu | ım investm | ent that will | be accepte | d from any | individual' | ? | | | | | | \$ <u>1,000,000</u> |
| | Yes No Does the offering permit joint ownership of a single unit? | | | | | | | | | | | | | |
| 3. | | | - | _ | _ | | | | | | | | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | | |
| Full Nam | e (Last nai | ne first, if | individual) | | | | | | | | | | | |
| Business | or Residen | ice Address | (Number | and Street, | City, State, | Zip Code) | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | | |
| States in | Which Per | son Listed | Has Solicit | ed or Intend | ds to Solicit | Purchasers | 3 | | | | | | | |
| (Check | | | | States) | | | | | | | | | | All States |
| | [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | |
| | [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | |
| Full Nam | e (Last nai | ne first, if | indiviđual) | | | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street, | City, State, | Zip Code) | | | | <u>-</u> | | | <u> </u> | |
| | | | | | | | | | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | | |
| States in | Which Per | son Listed | Has Solicit | ed or Inten | ds to Solici | Purchasers | | | | | · | | | |
| (Check | 'All States | " or check | individual | States) | | | | | | ••••• | | | | All States |
| | [AL] [IL] | [AK] [IN] | [AZ] [IA] | [AR] [KS] | [CA] [KY] | [CO] [LA] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [GA] [MN] | [HI] [MS] | [ID] [MO] | |
| | [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | |
| Full Nam | e (Last nar | ne first, if | individual) | | | | | | | . 5 5 | | | | |
| Rucinece | or Pecider | ce Address | Number | and Street, | City State | Zin Code) | | | | | | | | |
| Dusiness | or residen | ice Address | s (Transocr | and Succe, | ony, suite, | Zip couc) | | | | | | | | |
| Name of | Associated | Broker or | Dealer | | | | | | | | | | | |
| States in | Which Per | son Listed | Has Solicit | ed or Inten | ds to Solicit | Purchasers | | | | <u>.</u> | | | | |
| | | | | | | | • | | | | | | | All States |
| CHECK | [AL] [IL] [MT] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | States) [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TXI | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | All States |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U | ISE OF PROCEE | EDS |
|----|---|-----------------------------|----------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ | \$ |
| | Limited Liability Company Interests* | \$ <u>500,000,000</u> | \$ <u>600,000</u> |
| | Total* | \$ <u>500,000,000</u> | \$ <u>600,000</u> |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number | Dollar Amount of Purchases |
| | Accredited Investors | Investors 4 | \$600,000 |
| | Non-accredited Investors | | \$ N/A |
| | Total (for filings under Rule 504 only) | IN/A | \$ <u>1\(\frac{1}{A}\)</u> |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | Φ |
| | Answer also in Appendix, Column 4, it thing under ODOL. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | T | D. Harakara at |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | Security | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | <u> </u> |
| | Transfer Agent's Fees | | \$ 0 |
| | Printing and Engraving Costs | | \$ 0 |
| | Legal Fees | | \$ 30,000 |
| | Accounting Fees | | \$ 0 |
| | Engineering Fees | | \$ 0 |
| | Sales Commissions (specify finders' fees separately) | | \$ <u>0</u> |
| | Other Expenses (identify) <u>Miscellaneous</u> (blue, sky fees, duplicating, courier, etc.) | | \$ 10,000 |
| | Total | | \$ 40,000 |

^{*} This is a continuous offering. Therefore, the aggregate offering price could be greater than or less than this amount.

| | C. OFFERING PRICE, NUMBER | R OF INVESTORS, EXPENSES AND USE O | F PROCEEDS | |
|----------|---|--|--|------------------------|
| | b. Enter the difference between the aggregate Question 1 and total expenses furnished in resis the "adjusted gross proceeds to the issuer." | offering price given in response to Part C - ponse to Part C - Question 4.a. This difference | | *\$499,960,000 |
| 5. | Indicate below the amount of the adjusted groups be used for each of the purposes shown. If the an estimate and check the box to the left of the | ss proceeds to the issuer used or proposed to amount for any purpose is not known, furnish | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees | | □ \$ | □ \$ |
| | Purchase of real estate | | □ \$ | □ \$ |
| | Purchase, rental or leasing and installation of r | machinery and equipment | □ \$ | □ \$ |
| | Construction or leasing of plant buildings and | facilities | □ \$ | □ \$ |
| | Acquisition of other businesses (including the that may be used in exchange for the assets or merger) | value of securities involved in this offering securities of another issuer pursuant to a | □ \$ | □ \$ |
| | - · | | □ \$ | □ \$ |
| | | | □ \$ | □ \$ |
| | Other (specify): to be used as described in Issu | | □ \$ | □\$ |
| | | | □ \$ | ∑ \$499,960,000 |
| | Column Totals | | □ \$ | \$499,960,000 |
| | Total Payments Listed (column totals added) | | ⊠ \$49 | 99,960,000 |
| | | D. FEDERAL SIGNATURE | | |
| signat | ssuer has duly caused this notice to be signed by ure constitutes an undertaking by the issuer to function furnished by the issuer to any non-accredit | urnish to the U.S. Securities and Exchange Con | imission, upon w | |
| Issuer (| Print or Type) | Signature | Date | / / |
| | pay Capital Fund, LLC | Mhana | /. | 2/12/02 |
| Name o | of Signer (Print or Type) | Title of Signer (Print or Type) | • | |
| Atul I | Khanna | Principal of Rockbay Capital, LLC, Managing | Member | |

* See asterisked comment on p.4.